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INTRODUCTION

- ~40% of patients who have been discharged from hospital may subsequently experience medicines-related problems [1].
- Patients often lack knowledge of their medicines following hospital discharge [2].
- Many patients report not receiving important medicines-related information [3].
- As a consequence, in the UK, patient medicines helpline services (PMHS) are available from some NHS Trusts for patients who have received care.
- However, findings suggest that, due to a lack of resources, considerable variation exists in the operation of PMHS. Also, the access, availability, and promotion of PMHS do not meet national standards regarding helpline provision [4,5]
- AIM: to examine pharmacy professionals’ views regarding the future of PMHS, to develop recommendations for service improvement.

**Research question:** *What are pharmacy professionals’ perceptions of the future of NHS patient medicines helpline services?*

METHODS

Invitations to participate in an online qualitative survey and subsequent semi-structured telephone interview were sent via email to pharmacy services at all Trusts that provided a PMHS (n=117).

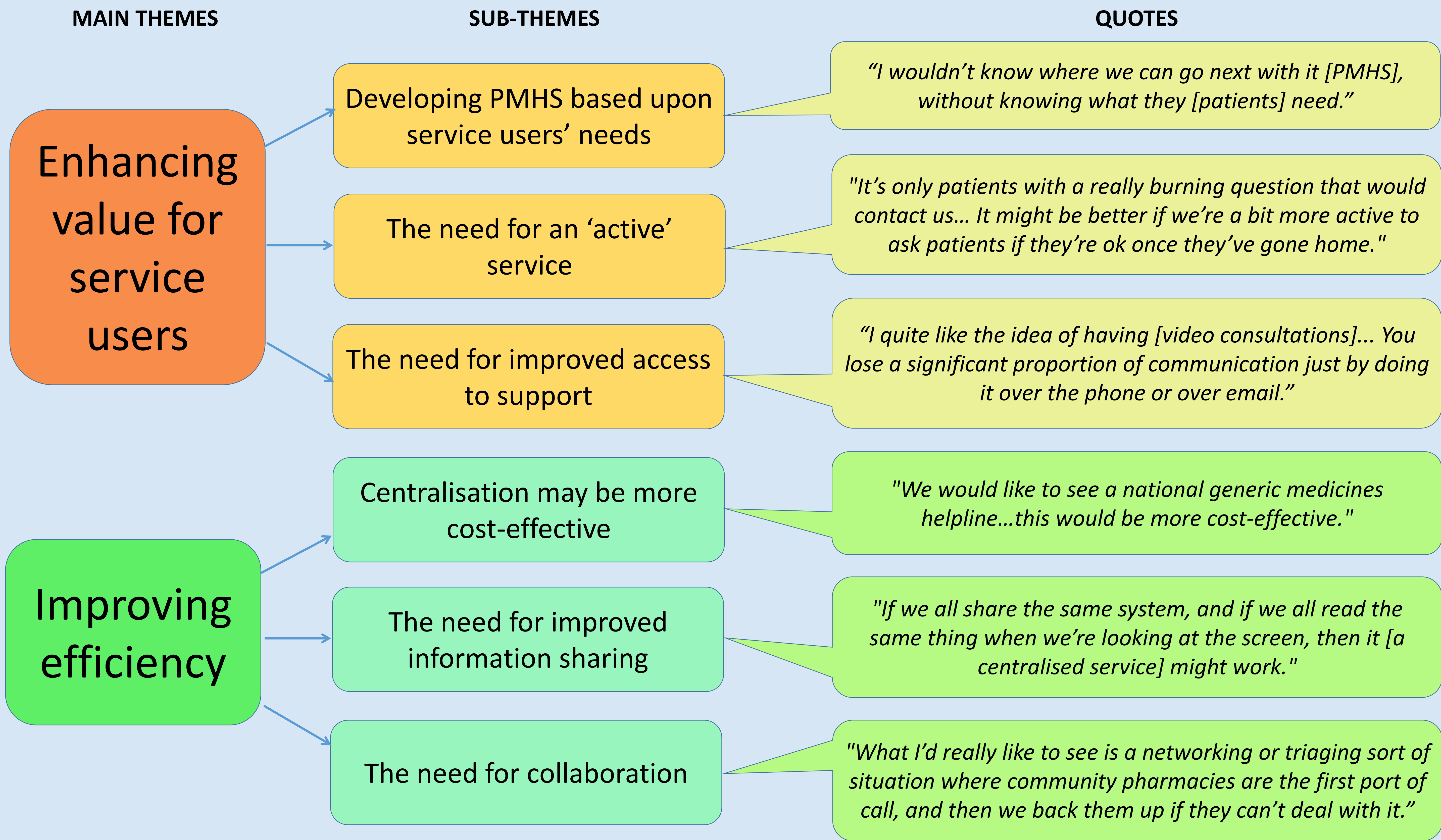
Within the survey and the interview schedule was the question “How do you see patient medicines helplines at NHS Trusts developing in the future?” Only the data generated from this open-ended question were analysed for this study.

Survey data were collected via SurveyMonkey (n=100). Individuals interested in participating in an interview contacted the research team (n=34).

Interviews were audio-recorded and transcribed verbatim.

Braun and Clarke’s inductive reflexive thematic analysis was used to analyse the data [6].

RESULTS



CONCLUSIONS

PMHS are perceived as likely to become centralised in the future (i.e., provided regionally or nationally).

However, this is dependent upon patients’ information being shared between hospitals and the centralised PMHS.

**Recommendation:** establish how PMHS and Transfer of Care Around Medicines [7] fit together, to avoid duplication of effort.

**Recommendation:** providers could establish other methods of access, such as email and video consultation.

**Future research:** establish the best way to support all patients/carers with medicines following hospital discharge.

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